



WEEKDAY EDUCATION CURRENT FAMILY REGISTRATION

Child's Full Name: _____ DOB: _____

Primary Contact's Full Name: _____

Phone: _____ Email: _____

Secondary Contact's Full Name: _____

Phone: _____ Email: _____

Choose one class option below:

Mother's Day Out (all children 2 and younger)

Monday/Wednesday/Friday Tuesday/Thursday Monday – Friday

Preschool: K-3 (must turn 3 by 9/1/25) K-4 (must turn 4 by 9/1/25)

Monday/Wednesday/Friday Tuesday/Wednesday/Thursday Monday – Friday

Kindergarten (must turn 5 by 9/1/25) Monday – Friday

ADDITIONAL SIBLINGS TO BE REGISTERED:

Child's Full Name: _____ DOB: _____

Choose one class option below:

Mother's Day Out (all children 2 and younger)

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Monday/Wednesday/Friday Tuesday/Wednesday/Thursday Monday – Friday

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